Form Approved
OMB No. 2040-0004

03304

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2018
 01/31/2018

DMR Mailing ZIP CODE:

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	.02	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	63.9	68.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I Flizaheth Lillotson	TELEPI	HONE	DATE
and Environmental	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)2/15/2018
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 002-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
01/01/2018 01/31/2018

DMR Mailing ZIP CODE:

DE: 03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	.01	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	147.8	183.7	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	****	****	*****		Continuous	Calculated

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and Environmental	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)2/15/2018
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 01/01/2018
 01/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	****				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.3	****	7.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	****	*****	6.4	*****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	216.3	257.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	****	****	****	*****		Continuous	Calculated

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and Fauthananantal	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)2/15/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil and Grease - There were no visible sheens detected during daily observations.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MONITO MM/DD/YYYY	DRING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	3.7	****	6.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.6	5.5	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Continuou s

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and Environmental	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)2/15/2018
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

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and Fauthananantal	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)2/15/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 02/01/2018
 02/28/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	22.3	68.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	****	*****	*****		Continuous	Calculated

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TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 02/01/2018
 02/28/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	71.1	183.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	****	*****	*****		Continuous	Calculated

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ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 02/01/2018
 02/28/2018

DMR Mailing ZIP CODE: 0

03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	*****				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.3	****	6.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
Н	SAMPLE MEASUREMENT	*****	****	*****	6.6	****	7.2	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	95.4	256.7	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Executive Director	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)3/13/2018
TYPED OR PRINTED	and material including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00301 Oxygen, dissolved percent saturation: DO monitoring is not required during cold seasons.00400 pH: The pH at Outfall 003 (Station S-0) was regularly measured below 6.5 SU during the beginning of the month. Compliance was maintained with the permit however, as the effluent pH tracked the naturally occurring inlet pH at Station N-5 (see the attached data sheets), and any discrepancies were within the limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not

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BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2018 02/28/2018

DMR Mailing ZIP CODE:

MAJOR

03304

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	4.4	****	7.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	4.7	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Continuou s

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil and Grease: There were no visible sheens detected during daily observations at the outfall. On 2/16, there was a very small sheen noticed within the cooling canal directly adjacent to the discharge culvert from the settling pond weir. Oil absorbent pads were used to remove the slight sheen from the canal which measured no larger than 3' x 5'.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

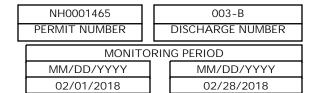
NÄME: " GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304 ATTN: Allan Palmer



DMR Mailing ZIP CODE: **MAJOR**

03304

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Executive Director	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)3/13/2018
TYPED OR PRINTED	and madely, including the pessibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

03/01/2018

001-A
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

03/31/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	17.9	68.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
	and Environmental	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)4/13/2018
ĺ	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 - The unit one hypochlorite system was was taken out of service during weeks 1 and 3 - 5 due to a unit outage or maintenance. There were no samples collected or analyzed during this time period for outfall 001.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2018 03/31/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 2				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	33	183.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
	and Environmental	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)4/13/2018
ĺ	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 - The unit two hypochlorite system was taken out of service this month due to a unit outage or maintenance. There were no samples collected or analyzed during this time period for outfall 002.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 03/01/2018
 03/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	****				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.3	****	7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.2	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	52.5	257.2	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Manager Regulatory and Environmental	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)4/13/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH - The pH at Outfall 003 (Station S-0) was regularly measured below 6.5 SU during the middle two weeks of the month. Compliance was maintained with the permit however, as the effluent pH tracked the naturally occurring inlet pH at Station N-5 (see the attached data sheets), and any discrepancies were within the limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2018 03/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	3.9	*****	7.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.002	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.56	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	6.1	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Continuou s

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Fauthananantal	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)4/13/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2018 03/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Fauthananantal	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)4/13/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE: 0

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 2				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	26.8	68.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
	Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)5/15/2018
į	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 - The unit one hypochlorite system was taken out of service during weeks 1-4 due to pump maintenance. There were no samples collected or analyzed during this time period for Outfall 001.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2018
 04/30/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 2				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	59.3	184	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
	Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)5/15/2018
į	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 - The unit two hypochlorite system was taken out of service during weeks 1-4 due to pump maintenance. There were no samples collected or analyzed during this time period for outfall 002.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 04/01/2018
 04/30/2018

DMR Mailing ZIP CODE: 0

03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	****				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.6	****	7.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.8	****	7.6	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	88.1	257.1	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
A drawing and Day Affaire	otson/ Exec Director of person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief true.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)5/15/2018
TYPED OR PRINTED	antoniador, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil and Grease - There were no visible sheens detected during daily observations.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/30/2018 04/01/2018

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	4	****	8.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou S
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	12	12	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	5.5	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	Elizabeth Tillotson/ Exec Director of person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)5/15/2018
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
A drawing and Day Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)5/15/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

05/01/2018

001-A
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

05/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)6/08/2018
TYPED OR PRINTED	anomiation, incloding the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Unit 1 did not operate this month.

Form Approved
OMB No. 2040-0004

03304

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304 ATTN: Allan Palmer

DMR Mailing ZIP CODE:

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)6/08/2018
TYPED OR PRINTED	anomiation, incloding the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Unit 2 did not operate this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/31/2018 05/01/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	95	*****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	7.7	SU		Continuous	Continuou s
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	****	*****	6.2	*****	7.4	SU		Continuous	Continuou s
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizaneth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	zabeth Tillotson/ Exec Director of person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)6/08/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil and Grease - There were no visible sheens detected during daily observations.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2018
 05/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.3	****	7.4	SU		Continuous	Continuou s
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	.5	MGD	*****	*****	****	*****		Continuous	Continuou s
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	****	*****	****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizaneth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	erson or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, occurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)6/08/2018	
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was an outage of the continuous flow and pH monitoring equipment for 1 hour and 20 minutes on May 5 to repair a power line that was damaged by a storm.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	*****	****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	****	****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)6/08/2018
TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 06/01/2018
 06/30/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.4	68.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

ļ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
	Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)7/13/2018
Ī	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: The U1 hypochlorite system was taken out of service during weeks 1-4 due to a unit outage or maintenance. There were no samples collected or analyzed during this time period for outfall 001.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 06/01/2018
 06/30/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 2				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.3	183.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)7/13/2018	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: The U2 hypochlorite system was out of service for the entire month so no samples were collected or analyzed for Outfall 002.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 06/01/2018
 06/30/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.4	****	7.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	****	6.7	****	7.2	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24.3	256.1	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	the information, the information submitted is, to the best of my knowledge and belief, true,	Elizabeth Tillotson	TELEPI	DATE	
Elizabeth Tillotson/ Exec Director of Person or persons the Information, the Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)7/13/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) briefly dropped below 6.5 SU for a few days towards the end of the month. Compliance was maintained with the permit however, as the effluent pH tracked the naturally occurring inlet pH at Station N-5 (see the attached data sheets), and any discrepancies were within the limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2018 06/30/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	5.4	****	7.3	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.002	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.51	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.7	4.1	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Continuou s

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)7/13/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2018 06/30/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

1	the information, the information submitted is, to the best of my knowledge and belief, true,	Flizaneth Lillotson	TELEPI	DATE	
A desire and Dear Affaire		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)7/13/2018
TYPED OR PRINTED	and materi, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2018
 07/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.1	68.5	MGD	****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)8/15/2018
TYPED OR PRINTED	anomiation, incloding the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: Sodium hypochlorite was not injected during weeks 2 thru 4 so no samples were collected or analyzed during this time period for Outfall 001.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2018
 07/31/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	27.6	183.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
	Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)8/15/2018
į	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: Sodium hypochlorite was not injected during weeks 2 thru 4 so no samples were collected or analyzed during this time period for Outfall 002.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2018 07/31/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	93	****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.2	****	7.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	****	*****	6.5	****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	35.9	256.7	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Flizabeth Lillotson	TELEP	DATE	
Admin and Dear Affaire		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)8/15/2018	
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) frequently dropped below 6.5 SU during the month. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement and

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2018
 07/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	4.9	****	6.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou S
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.2	5.7	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Continuou s

I	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	l Flizabeth Lillotson	TELEP	DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)8/15/2018	
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

Γ	NH0001465	Γ	003-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO)R	ING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2018	1	07/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(603)634-2440)8/15/2018
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

 NH0001465
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2018
 08/31/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 2				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8.6	68.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

		d Reg Affairs the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Flizaneth Lillotson	TELEPHONE		DATE
	A drawn and Day Affaire		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)9/14/2018
į	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 - Oxidants, total residual: The U1 hypochlorite system was out of service for the entire month so there were no samples collected or analyzed for Outfall 001.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2018 08/31/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Twice per Month	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	44.9	183.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	****	*****	*****		Continuous	Calculated

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Flizaneth Lillotson	TELEPI	HONE	DATE
	Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)9/14/2018
į	TYPED OR PRINTED	and match, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 - Oxidants, total residual: The U2 hypochlorite system was out of service during weeks 1 and 4 so no samples were collected or analyzed during this time period for Outfall 002.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2018
 08/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.2	****	7.3	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	****	6.6	****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	56.5	259	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Hillotson	TELEP	HONE	DATE
and Environmental	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)9/14/2018
TYPED OR PRINTED	and materia, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH - The pH at Outfall 003 dropped below 6.5 SU for several days in the beginning of the month. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

08/01/2018

003-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
08/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РН	SAMPLE MEASUREMENT	****	****	*****	4.2	****	6.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3	7.1	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)9/14/2018	
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
A drawing and Day Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)9/14/2018	
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2018
 09/30/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Twice per Month	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.6	68.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

Į		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	FIIZADETH LIIIOTSON	TELEPI	HONE	DATE
	Elizabeth Tillotson/ Exec Director of	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634	1-2440	0/15/2018
ĺ	TYPED OR PRINTED	anormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: The Unit 1 hypochlorite system was not run during weeks 3 thru 5 and so no samples were collected or analyzed during this time period.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2018
 09/30/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Twice per Month	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.7	183.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	****	****	*****		Continuous	Calculated

l l	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440	0/15/2018
TYPED OR PRINTED	aniomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: The Unit 2 hypochlorite system was not run during weeks 3 thru 5 and so no samples were collected or analyzed during this time period.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	86	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	7.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	****	6.7	****	7	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25.5	257.6	MGD	*****	****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Flizaheth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	n Tillotson/ Exec Director of person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and helief true.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440	0/15/2018
TYPED OR PRINTED	and materi, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil and Grease - There were no visible sheens detected during daily observations.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2018 09/30/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	5.5	*****	7.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.004	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****	****	.64	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.2	6.7	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Continuou s

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Flizaheth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	n Tillotson/ Exec Director of person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and helief true.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440	0/15/2018
TYPED OR PRINTED	and materi, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2018 09/30/2018

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEP	HONE	DATE
Admin and Dear Affaire	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440	0/15/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304 ATTN: Allan Palmer

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/31/2018 10/01/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	35.2	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440	2/14/2018
TYPED OR PRINTED	anomiation, incloding the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: No hypochlorite was used this month

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2018
 10/31/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4	62.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440	2/14/2018
TYPED OR PRINTED	anomiation, incloding the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: No hypochlorite was used this month

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	****	*****	86	*****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	*****	6.6	****	7.5	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.5	64	MGD	****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Flizaheth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		2/14/2018
TYPED OR PRINTED	and materi, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil & Grease: No visible sheens detected during daily observations.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465		003-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
10/01/2018	1	10/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.1	****	6.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	NODI E	NODI E				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3	2.1	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Flizaheth Lillotson	TELEPI	DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		1/15/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00530 Solids, total suspended & 00556 Oil & Grease: Monthly grab samples were inadvertently not collected in October. Sampling responsibilities are being broadened and reassigned to ensure all samples are collected in the future.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2018 10/31/2018

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
A drawing and Day Affaire	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		1/15/2018
TYPED OR PRINTED	amorniation, moreoning the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2018 11/30/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION		NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.02	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	42.9	68.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		2/14/2018
TYPED OR PRINTED	anomiation, incloding the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 11/01/2018
 11/30/2018

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO.	05 441411/010			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	65.5	183.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
	Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		2/14/2018
į	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 11/01/2018
 11/30/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	82	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	6.4	****	7.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	*****	6.4	****	7.8	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	111.5	258.1	MGD	*****	****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Flizaheth Lillotson	TELEPI	DATE	
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		2/14/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dropped below 6.5 SU for one day this month. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement and Compliance

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2018 11/30/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	3.3	****	6.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	8	8	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.1	6.1	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Continuou s

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Flizaheth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440	2/14/2018
TYPED OR PRINTED	unio matori, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

11/01/2018

003-B
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

11/30/2018

DMR Mailing ZIP CODE: 0

03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	l Flizaheth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		2/14/2018
TYPED OR PRINTED	and materi, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

12/01/2018

001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

12/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	26.7	68.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	****	*****	*****		Continuous	Calculated

l l	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/2019
TYPED OR PRINTED	anomiation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465
PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

12/01/2018

002-A

DISCHARGE NUMBER

MM/DD/YYYY

12/31/2018

DMR Mailing ZIP CODE:

annig 211 00D2. 00

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	43.9	183.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
	Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/2019
į	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 12/01/2018
 12/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	****	*****	104	****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.6	****	7.1	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	****	*****	6.6	****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	72.7	257	MGD	****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)1/14/2019
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil and Grease - There were no visible sheens detected during daily observations.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

12/01/2018

003-A
DISCHARGE NUMBER

MM/DD/YYYY

12/31/2018

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	****	3.4	****	6.9	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	5	5	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	.004	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.77	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	5.3	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Continuou s

I .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Flizaheth Lillotson	TELEPI	DATE	
Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)1/14/2019
TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 003-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2018 12/31/2018

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
A drawing and Day Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/2019
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE: 0

03304

MAJOR

FIRE PROTECTION OVERFLOW

External Outfall

No Discharge

		QUAN	TITY OR LOADII	٧G	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РН	SAMPLE MEASUREMENT	****	*****	*****	6.4	*****	6.7	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	2440585	gal/d	*****	*****	****	*****		Annual	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Annual	Estimate

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
	Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/2019
į	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH - A sample of the Unit 2 roof drain was collected and analyzed for pH on 3/2/18. The pH for this sample was 6.4 SU. A sample of rainwater collected on the same day was measured at 6.0 SU. Clearly the low pH of the outfall is due solely to naturally occurring conditions and is not a result of activities at Merrimack Station. Beyond this roof drain sample, the next lowest pH measurement collected at Outfall 004 during the year was 6.5 SU. As such, compliance was maintained since the single low reading was the result of naturally occurring

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 005-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2018
 12/31/2018

DMR Mailing ZIP CODE:

03304

MAJOR

MAINTENANCE SUMP DISCHARGE

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Annual	Estimate

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Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)1/14/2019	
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall was not placed in service during 2018

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 006-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2018
 12/31/2018

DMR Mailing ZIP CODE:

03304

MAJOR

STORMWATER SOUTHEAST YARD DRAI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Annual	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPI	DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)1/14/2019	
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall has been discontinued.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/31/2019 01/01/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	36.4	68.5	MGD	****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

l l	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)2/14/2019
TYPED OR PRINTED	aniomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 | Oxidants, total residual: No hypochlorite was used during weeks 1 & 2 so no samples were collected or analyzed during this time period.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304 ATTN: Allan Palmer NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

01/01/2019

01/31/2019

002-A
DISCHARGE NUMBER

MM/DD/YYYY

01/31/2019

DMR Mailing ZIP CODE: 03304

9

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	77.8	183.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Flizaheth Lillotson	TELEPI	HONE	DATE
	Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)2/14/2019
į	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 | Oxidants, total residual: No hypochlorite was used during weeks 1 & 2 so no samples were collected or analyzed during this time period.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 01/01/2019
 01/31/2019

DMR Mailing ZIP CODE: 03304

diiiig 2ii 00D2. 00

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	105	****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.6	****	7.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	*****	7.3	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	117.4	257.6	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
A drawing and Day Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)2/14/2019
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 | Oil and Grease - There were no visible sheens detected during daily observations.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2019 01/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	3.3	****	8.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	6.2	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPI	DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)2/14/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/31/2019 01/01/2019

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Day Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)2/14/2019
TYPED OR PRINTED	an or maton, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 02/01/2019
 02/28/2019

DMR Mailing ZIP CODE: 03304

3

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.6	68.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)3/15/2019
TYPED OR PRINTED	anomiation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: Hypochlorite was not injected during weeks 2 and 3 and so no samples were collected or analyzed during this time period for outfall 001.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2019 02/01/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	28	182.8	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Flizaheth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)3/15/2019
TYPED OR PRINTED	mornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: Hypochlorite was not injected during weeks 2 and 3 and so no samples were collected or analyzed during this time period for outfall 002.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2019 02/28/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	****	*****	99	*****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	6.6	****	7.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	****	*****	6.2	*****	7.2	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	43.6	256.1	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquirry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	l Flizaheth Lillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)3/15/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil and Grease - There were no visible sheens detected during daily observations.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
02/01/2019 02/28/2019

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	. 0,		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	3.2	****	8.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9	4.9	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)3/15/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 02/01/2019
 02/28/2019

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)3/15/2019
TYPED OR PRINTED	antoniador, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465
PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

03/01/2019

MM/DD/YYYY

03/31/2019

DMR Mailing ZIP CODE: 0

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20.7	68.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Flizaheth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)4/15/2019
TYPED OR PRINTED	anomiation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: Hypochlorite was not injected during weeks 3 thru 5 so no samples were collected or analyzed during this time period.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2019 03/01/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	31.1	160.8	MGD	*****	****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)4/15/2019
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: Hypochlorite was only injected during week 2 so no samples were collected or analyzed during the remaining weeks.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 03/01/2019
 03/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	****	*****	98	****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	****	*****	%		Monthly	Grab
РН	SAMPLE MEASUREMENT	****	****	****	6.8	****	7.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.2	****	7.4	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	53.8	209.4	MGD	****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering	I Flizaheth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)4/15/2019
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil and Grease - There were no visible sheens detected during daily observations.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2019 03/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	3.3	*****	7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.002	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.44	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	6.3	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Continuou s

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	the information, the information submitted is, to the best of my knowledge and belief, true,	Flizabeth Lillotson	TELEPI	HONE	DATE
A drawing and Day Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)4/15/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Due to an internal clock malfunction with the station computer on March 10, 24-hours of flow data were not recorded.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER
	•
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEP	HONE	DATE
Admin and Dear Affaire	the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)4/15/2019
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
04/01/2019 04/30/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Flizaheth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)5/14/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Unit 1 did not operate this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2019
 04/30/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

l l	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)5/14/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Unit 2 did not operate this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2019 04/30/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	****	*****	100	*****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	6.2	****	7.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	****	*****	6.5	*****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	.4	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
A drawing and Day Affairs	on or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, rate, and complete. I am aware that there are significant penalties for submitting false mation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)5/14/2019
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil and Grease - There were no visible sheens detected during daily observations.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2019 04/30/2019

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.1	****	7.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	.4	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)5/14/2019	
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 04/01/2019
 04/30/2019

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
A drawing and Day Affairs	on or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, rate, and complete. I am aware that there are significant penalties for submitting false mation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)5/14/2019
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2019 05/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

5.5.0.5		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

\vdash		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Eli	and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)6/14/2019
	TYPED OR PRINTED	and match, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2019
 05/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	34	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	****	****	*****		Continuous	Calculated

\vdash		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Eli	and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)6/14/2019
	TYPED OR PRINTED	and match, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No hypochlorite was added this month

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

Γ	NH0001465		003-1
	PERMIT NUMBER		DISCHARGE NUMBER
[MONITO	PRIN	G PERIOD
[MM/DD/YYYY		MM/DD/YYYY
ſ	05/01/2019]	05/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	****	*****	97	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	6.1	****	7.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	****	****	6.4	*****	7.2	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	34.2	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Demilatemy Affelia	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)6/14/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) was routinely recorded below 6.5 SU during the month. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement and

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

 NH0001465
 003-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2019
 05/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.2	****	7.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou S
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	1	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)6/14/2019	
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

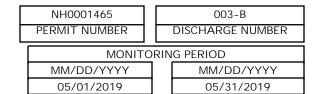
ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer



DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Demilatemy Affelia	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)6/14/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2019 06/30/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8	69.1	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l Flizaheth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)7/12/2019
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2019 06/30/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	48	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Director of Admin and Reg Policy	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)7/12/2019
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 06/01/2019
 06/30/2019

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.4	****	7.2	SU		Continuous	Continuou s
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	****	6.6	****	7.1	SU		Continuous	Continuou s
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	57.4	258.4	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Admin and Day Daling	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)7/12/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dipped below 6.5 SU on a handful of days during the month. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2019 06/30/2019

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	3.6	*****	6.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.002	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	****	1	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	6.3	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	I Flizaheth Lillotson	TELEPI	HONE	DATE
Admin and Reg Policy	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)7/12/2019
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The recorder malfunctioned and recorded inaccurate data from June 10 to June 25. Daily grab samples were collected as possible during the period to help fill in the gap.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
06/01/2019

003-B
DISCHARGE NUMBER

MM/DD/YYYY
MM/DD/YYYY
06/30/2019

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Admin and Day Daling	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)7/12/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

 NH0001465
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2019
 07/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.7	68.5	MGD	*****	****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	l Flizaheth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)8/15/2019
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	39.8	183.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

ļ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
	Admin and Reg Policy	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)8/15/2019
Ī	TYPED OR PRINTED	and match, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No sodium hypochlorite was added this month

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 07/01/2019
 07/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	93	*****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.2	****	7.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.5	****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	52.9	257.7	MGD	****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Flizaheth Lillotson	TELEPI	HONE	DATE
Admin and Reg Policy	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)8/15/2019
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dipped below 6.5 SU on several days during the month. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement and

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

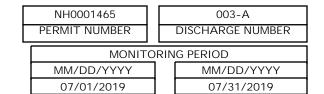
BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer



DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	4	****	8.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.4	5.7	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	****	*****	****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Admin and Reg Policy	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)8/15/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Day Daling	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)8/15/2019
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.7	18.3	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	****	****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Reg Policy	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)9/13/2019
TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2019
 08/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	23.2	183.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Flizaheth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)9/13/2019
TYPED OR PRINTED	amormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2019 08/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	90	*****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.3	****	7.9	SU		Continuous	Continuou s
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.3	SU		Continuous	Continuou s
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24.5	186.8	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Admin and Dan Daling	the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)9/13/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dipped below 6.5 SU for brief periods during four days in August. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/31/2019 08/01/2019

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	3.8	****	8.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.7	4.7	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)9/13/2019	
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 08/01/2019
 08/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Advanta and Dag Dalian	aboth Tillotson/ Exec Director of person or persons who manage the system, or those persons directly responsible for gather	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)9/13/2019
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

09/01/2019 09/30/2019

DMR Mailing ZIP CODE: 03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.6	37.2	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Flizaheth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440	0/11/201
TYPED OR PRINTED	amormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No hypochlorite added this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2019
 09/30/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30	183.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		0/11/201
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	****	*****	88	****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.4	****	7.3	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	*****	*****	6.7	*****	7.2	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	34.6	187	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

I .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Flizaheth Lillotson	TELEPI	DATE	
Admin and Reg Policy	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		0/11/2019
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) briefly dipped below 6.5 SU on three days in September. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 09/01/2019
 09/30/2019

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	4.9	****	9.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.002	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.28	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1	3.5	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuou s

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPI	DATE	
Admin and Day Daling		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		0/11/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 003-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2019 09/01/2019

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSI	S TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPI	DATE	
Admin and Day Daling		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		0/11/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer

Г	NH0001465	ſ	001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DR	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2019	7	10/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	.02	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	59.2	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	1/15/201	
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304 ATTN: Allan Palmer

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2019 10/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION			_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.2	89.1	MGD	****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	1/15/201	
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No sodium hypochlorite was added this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 10/01/2019
 10/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	-	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	89	*****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	75 MO MIN	****	*****	%		Monthly	Grab
РН	SAMPLE MEASUREMENT	****	****	****	6.4	****	7.1	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.6	****	7.3	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9	90.7	MGD	****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Fillotson	TELEP	HONE	DATE
and Demulatery Affaire	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634	4-2440	1/15/2019
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dropped below 6.5 SU during the final week of October. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

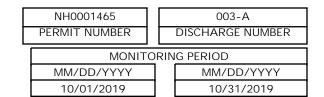
BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer



DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	5.1	****	9	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4	3.1	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I Flizaheth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	1/15/2019	
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2019 10/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS Continuous (Daily (Daily (Daily (TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	HONE	DATE
and Demulatemy Affaire	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		1/15/2019
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465
PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/01/2019

001-A

DISCHARGE NUMBER

MM/DD/YYYY

11/30/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

N/		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
E	and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440	2/16/2019
	TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Unit did not run this month

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

11/01/2019

002-A
DISCHARGE NUMBER

MM/DD/YYYY

11/30/2019

DMR Mailing ZIP CODE:

MAJOR

03304

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	28.3	183.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	****	*****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	2/16/2019	
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2019 11/30/2019

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	92	*****	*****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.3	****	6.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	7.1	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	29.3	186.7	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440	2/16/2019
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) routinely dropped below 6.5 SU during the first half of November. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304 ATTN: Allan Palmer
 NH0001465
 003-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 11/01/2019
 11/30/2019

DMR Mailing ZIP CODE: 0

03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
рН	SAMPLE MEASUREMENT	****	****	*****	4.2	****	8.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.9	3.3	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	2/16/2019	
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2019 11/30/2019

DMR Mailing ZIP CODE: **MAJOR**

03304

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	HONE	DATE
and Demilatemy Affeire	n person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		2/16/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
MM/DD/YYYY
12/01/2019

001-A
DISCHARGE NUMBER

MM/DD/YYYY
12/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

N/		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
E	and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/2020
	TYPED OR PRINTED	and match, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2019 12/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	39.3	183.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/2020
TYPED OR PRINTED	anto matton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 12/01/2019
 12/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	101	*****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.3	****	6.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	6.8	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40.4	186.6	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) routinely dropped below 6.5 SU during the first half of December. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2019 12/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	3.2	****	6.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.004	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.35	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	3.3	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuou s

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Demulatemy Affection	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/2020
TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2019 12/31/2019

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	HONE	DATE
and Demulatemy Affaire	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/2020
TYPED OR PRINTED	and materi, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 004-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2019
 12/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

FIRE PROTECTION OVERFLOW

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	5.9	****	6.7	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	2440000	gal/d	*****	****	****	*****		Annual	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Annual	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	I Flizaheth Lillotson	TELEP	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/2020
TYPED OR PRINTED	amorniador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH - A sample of the Unit 2 roof drain was collected and analyzed for pH on 5/28/19. The pH for this sample was 5.9 SU. A sample of rainwater collected on the same day also measured 5.9 SU. Clearly the depressed pH of the outfall is due solely to naturally occurring conditions and is not a result of activities at Merrimack Station. Beyond this roof drain sample, the next lowest pH measurement collected at Outfall 004 during the year was 6.7 SU. As such, compliance was maintained since the single low reading was the result of naturally occurring

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 005-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2019
 12/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

MAINTENANCE SUMP DISCHARGE

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Annual	Estimate

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and Devilation, Affaire	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634	4-2440)1/14/2020
TYPED OR PRINTED	anto mation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Maintenance sumps were not activated in 2019

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 006-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2019
 12/31/2019

DMR Mailing ZIP CODE:

03304

MAJOR

STORMWATER SOUTHEAST YARD DRAI

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Annual	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	I Flizaheth Lillotson	TELEP	DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)1/14/2020
TYPED OR PRINTED	amorniador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall has been discontinued

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN		ITITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.3	59.4	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NA		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Eli	and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)2/14/2020
	TYPED OR PRINTED	and match, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No hypochlorite added this month

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2020
 01/31/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	31.6	183.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

NA		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Eli	and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)2/14/2020
	TYPED OR PRINTED	and match, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	99	****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.6	****	7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	****	*****	6.6	*****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40.2	227.3	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Demilatemy Affelia	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)2/14/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil & Grease: No visible sheens were detected during daily observations.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2020 01/31/2020

DMR Mailing ZIP CODE: **MAJOR**

03304

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	3.5	****	6.9	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	9.5	9.5	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	4.3	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Continuou s

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	DATE	
and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)2/14/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Demilatemy Affelia	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)2/14/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

03304

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
02/01/2020 02/29/2020

DMR Mailing ZIP CODE:

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.02	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.4	60.1	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)3/12/2020
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

03304

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
02/01/2020

02/29/2020

DMR Mailing ZIP CODE:

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40.5	183.3	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Flizaheth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)3/12/2020
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304 ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2020 02/29/2020

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	****	*****	99	****	****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	75 MO MIN	****	*****	%		Monthly	Grab
РН	SAMPLE MEASUREMENT	****	****	*****	6.6	****	7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.7	****	7	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	51.9	247.9	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Flizabeth Lillotson	TELEPI	DATE	
and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)3/12/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH probe at Station S-0 was out of service from approximately 15:00 on 2/24 thru 09:00 on 2/28.00556 Oil & Grease: No visible sheens were detected during daily observations.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/29/2020 02/01/2020

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	3.6	****	6.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou S
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	5	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Continuou s

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)3/12/2020
TYPED OR PRINTED	amorniador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/29/2020 02/01/2020

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEP	DATE	
and Demulatery Affector		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)3/12/2020
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2020 03/01/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)4/10/2020	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304 ATTN: Allan Palmer

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

5.5.0.5		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)4/10/2020
TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2020 03/01/2020

DMR Mailing ZIP CODE:

MAJOR

03304

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	100	****	****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	75 MO MIN	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.6	****	7.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	****	*****	6.7	****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	1.4	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Demulatemy Affeire	peth Tillotson/ Exec Dir of Admin person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief true.		(603)634-2440)4/10/2020
TYPED OR PRINTED	and matter, meloung the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil & Grease: No visible sheens were detected during daily observations.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	*****	5.7	*****	11	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.46	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	1.4	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Continuou s

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Fillotson	TELEP	HONE	DATE
and Danilatani, Affaira	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)4/10/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Demulatemy Affeire	peth Tillotson/ Exec Dir of Admin person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief true.		(603)634-2440)4/10/2020
TYPED OR PRINTED	and matter, meloung the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
04/01/2020

001-A
DISCHARGE NUMBER

MM/DD/YYYY
04/01/2020
04/30/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

⊢		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
	and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)5/15/2020
Ĺ	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2020
 04/30/2020

DMR Mailing ZIP CODE:

ODE: 03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

⊢		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
	and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)5/15/2020
Ĺ	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/30/2020 04/01/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	99	*****	*****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	****	****	6.6	****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1	.2	MGD	*****	****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
and Demulatemy Affeire		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)5/15/2020
TYPED OR PRINTED	anomaton, neutring the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil & Grease: No visible sheens were detected during daily observations.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2020
 04/30/2020

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.7	****	7.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1	.2	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Continuou s

.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizaheth Lillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)5/15/2020
TYPED OR PRINTED	antomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A sample was collected and analyzed for iron this month which yielded a result of 1.3 mg/l. This value exceeded the 1.0 mg/l limit so noncompliance notifications were submitted to EPA and DES in the form of emails dated April 24 and April 30. It is believed to have been the result of stormwater runoff with elevated iron concentrations dominating flow through the settling pond since little process water being added. This quarterly commitment will be reported in the Q2 DMR for Outfall 003A in the month of June.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

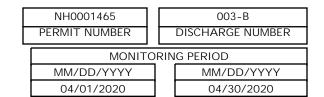
BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer



DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Demulatery Affector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)5/15/2020
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/31/2020 05/01/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	22.1	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	****	*****	*****		Continuous	Calculated

<u> </u>		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Eli	Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)6/12/2020
	TYPED OR PRINTED	and match, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The unit did not generate power and no hypochlorite was added this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/31/2020 05/01/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG			FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3	7.8	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	****	*****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin per the and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)6/12/2020	
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The unit did not generate power and no hypochlorite was added this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 05/01/2020
 05/31/2020

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	98	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	7.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	*****	****	6.7	****	7.4	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	23.4	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Demulatemy Affeire	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)6/12/2020
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil & Grease: No visible sheens were detected during daily observations.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

05/01/2020

05/31/2020

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.3	****	8.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.8	2.4	MGD	*****	****	****	*****		Continuous	Continuou s
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin per the and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)6/12/2020	
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	DATE	
and Demulatery Affector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)6/12/2020
TYPED OR PRINTED	an or matter, meleting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/30/2020 06/01/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.2	50.6	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)7/09/2020	
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No hypochlorite was added this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE: 0

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	152.1	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

L		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
	and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)7/09/2020
Ī	TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No hypochlorite was added this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 06/01/2020
 06/30/2020

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	86	*****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	7.9	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	****	6.8	****	7.7	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	21.6	201.8	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	DATE	
and Danidatani Affain	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634	4-2440)7/09/2020
TYPED OR PRINTED	and materi, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00556 Oil & Grease: No visible sheens were detected during daily observations.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2020 06/30/2020

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	4.5	*****	8.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	.0026	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	1.3	mg/L	1	Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.4	5.8	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Continuou s

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	DATE	
and Demulatemy Affaire	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)7/09/2020
TYPED OR PRINTED	and materi, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

01045 Total Iron: This noncompliance, related to stormwater runoff, was previously reported in the April DMR: "A sample was collected and analyzed for iron this month which yielded a result of 1.3 mg/l. This value exceeded the 1.0 mg/l limit so noncompliance notifications were submitted to EPA and DES in the form of emails dated April 24 and April 30. It is believed to have been the result of stormwater runoff with elevated iron concentrations dominating flow through the settling pond since little process water being added. This quarterly commitment will

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2020 06/30/2020

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

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and Demulatery Affaire	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)7/09/2020	
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

07/01/2020

O1-A
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

07/31/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

⊢		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
	and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)8/13/2020
Ĺ	TYPED OR PRINTED	and match, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304 ATTN: Allan Palmer

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/31/2020 07/01/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	32	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

⊢		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
	and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)8/13/2020
Ĺ	TYPED OR PRINTED	and match, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Unit did not operate and no sodium hypochlorite was added this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2020
 07/31/2020

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	90	*****	*****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.2	****	7.4	SU		Continuous	Continuou s
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.5	****	6.9	SU		Continuous	Continuou s
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	32.2	MGD	*****	****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin personand Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)8/13/2020	
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dipped below 6.5 SU during most days this month. With no unit operations, the lack of cooling water flow from the station aggravated in-situ monitoring by creating stagnant conditions and allowing large beds of floating vegetation to encroach upon the equipment. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2020 07/31/2020

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.4	****	7.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	5.5	5.5	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4	.7	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	****	*****		Continuous	Continuou s

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Flizaheth Lillotson	TELEPI	DATE	
Elizabeth Tillotson/ Exec Dir of Admir and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)8/13/2020	
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2020
 07/31/2020

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Hillotson	TELEP	HONE	DATE
and Danidatani, Affaira	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)8/13/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/31/2020 08/01/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG			FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)9/15/2020
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

002-A

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	٧G	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)9/15/2020	
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2020 08/31/2020

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	92	*****	*****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.3	****	8.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	*****	8.3	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1	.4	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Hillotson	TELEPI	HONE	DATE
and Danilatani Affaina	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)9/15/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) was recorded outside the range of 6.5 SU to 8.0 SU during many of the days this month. With both units off-line the entire month, the lack of cooling water flow from the station aggravated in-situ monitoring by creating stagnant conditions and allowing large beds of floating vegetation to encroach upon the monitoring equipment. Compliance was maintained with the permit however, as the effluent pH mostly tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and discrepancies were

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.6	****	9	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1	.4	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Continuou s

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)9/15/2020	
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2020
 08/31/2020

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEP	DATE	
and Danidatani, Affaira		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)9/15/2020
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2020 09/30/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	25.2	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	****	*****	*****		Continuous	Calculated

NAME/TITLI		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
	nd Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440	0/15/2020
	TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No hypochlorite was used

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer

Γ	NH0001465	Γ	002-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
		_	INIO DEDICO
	MONITO	JΚ	ING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	09/01/2020	1	09/30/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING WATER-CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	beth Tillotson/ Exec Dir of Admin berson or persons who manage the system, or those persons directly responsible for gathering Lindermation the information the information to the best of my knowledge and belief true.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		0/15/2020
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2020 09/30/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING H20 & ASH SETTL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	99	*****	*****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MO MIN	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	6.4	****	8.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	8	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	25.5	MGD	*****	****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634	4-2440	0/15/2020
TYPED OR PRINTED	and materi, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) was recorded outside the range of 6.5 SU to 8.0 SU on three days during the month. With both units off-line, the lack of cooling water flow from the station aggravated in-situ monitoring by creating stagnant conditions and allowing large beds of floating vegetation to encroach upon the monitoring equipment. Compliance was maintained with the permit however, as the effluent pH mostly tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and discrepancies were within the

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2020 09/30/2020

DMR Mailing ZIP CODE:

03304

MAJOR

ASH SETTLING POND-ROUTINE OPS

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.3	*****	7.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	5	5	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	.0031	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.44	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3	1.4	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	****	****	*****		Continuous	Continuou s

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634	4-2440	0/15/2020
TYPED OR PRINTED	and materi, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OFANYVIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

_			
	NH0001465		003-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2020	1	09/30/2020

DMR Mailing ZIP CODE: 03304

MAJOR

ASH SETTLING POND-CHEM CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	19.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	HONE	DATE
and Demulatery Affaire	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440	0/15/2020
TYPED OR PRINTED	anomaton, neutring the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/31/2020 10/01/2020

DMR Mailing ZIP CODE: 03304

MAJOR

CIR. COOLING WATER MK-1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	26.3	****	30.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	79.3	****	86.2	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.6	68.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I Flizaheth Lillotson	TELEP	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	peth Tillotson/ Exec Dir of Admin person or persons who manage the system, or those persons directly responsible for gathering Life information submitted is to the best of my knowledge and belief true.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		1/14/2020
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No hypochlorite was used this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2020
 10/31/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER MK-2 CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.7	93.5	MGD	****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I Flizaheth Lillotson	TELEP	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	peth Tillotson/ Exec Dir of Admin person or persons who manage the system, or those persons directly responsible for gathering Life information submitted is to the best of my knowledge and belief true.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		1/14/2020
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The unit did not generate power this month so no temperature data was collected. No hypochlorite was used this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 10/01/2020
 10/31/2020

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & SLAG SETTLING PON

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	14.1	*****	21	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	57.3	****	69.9	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	80	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	75 MINIMUM	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.2	****	8.3	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.03 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.5	93.6	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEP	DATE	
and Demilatemy Affeire		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	1/23/2020	
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) was recorded outside the range of 6.5 SU to 8.0 SU on several days during October. With both units shut down for nearly the entire month, the lack of cooling water flow from the station may have aggravated in-situ monitoring by creating stagnant conditions and allowing river debris and vegetation to encroach upon the monitoring equipment. Compliance was maintained with the permit however, as the effluent pH mostly tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2020 10/31/2020

DMR Mailing ZIP CODE: 03304 **MAJOR**

SLAG SETTLING POND INTERNAL OUTFALL

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РН	SAMPLE MEASUREMENT	****	****	*****	6.4	****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	0	0	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	3	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 MO AVG	13 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		1/14/2020
TYPED OR PRINTED	anto mation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer

Г	NH0001465	ſ	003-B
Г	PERMIT NUMBER		DISCHARGE NUMBER
		=	
	MONITO	2R	ING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2020	1	10/31/2020

DMR Mailing ZIP CODE: 03304

MAJOR

METAL CLEANING INTERNAL OUTFALL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	****	NODI C	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		1/14/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2020 11/01/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER MK-1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	21.7	*****	30.2	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	71.1	****	86.3	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.8	67.2	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	l Flizaheth Lillotson	TELEP	DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	2/14/2020	
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: No hypochlorite was used this month so no TRO samples were collected.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2020 11/01/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER MK-2 CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	12	****	12.8	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	53.5	****	55	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.2	92.8	MGD	****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	l Flizaheth Lillotson	TELEP	DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	2/14/2020	
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: No hypochlorite was used this month so no TRO samples were collected.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2020 11/30/2020

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & SLAG SETTLING PON

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	7.1	*****	13.4	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	44.8	****	56.1	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	88	****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	75 MINIMUM	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.3	****	7.1	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	.03 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	23.6	155.2	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(603)634-2440		2/14/2020
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dipped below 6.5 SU during most days in the first half of the month. With both units shut down for nearly the entire month, the lack of cooling water flow from the station may have aggravated in-situ monitoring by creating somewhat stagnant conditions at the outfall. Compliance was maintained with the permit however, as the effluent pH mostly tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and discrepancies were within the analytical limits of the equipment accuracy and

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

11/01/2020

NH0001465

003-A
DISCHARGE NUMBER

MM/DD/YYYY

11/30/2020

DMR Mailing ZIP CODE: 0

03304

MAJOR

SLAG SETTLING POND INTERNAL OUTFALL

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSI	S TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	5.7	****	6.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	5	5	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.6	5.5	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 MO AVG	13 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	/E OFFICER certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	l Flizaheth Lillotson	TELEPHONE		DATE
and Description Affects		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		2/14/2020
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
MM/DD/YYYY
11/01/2020

NH0001465

003-B
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
11/30/2020

DMR Mailing ZIP CODE: 03304

MAJOR

METAL CLEANING INTERNAL OUTFALL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEP	DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440		2/14/2020
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2020 12/01/2020

DMR Mailing ZIP CODE: 03304 **MAJOR**

CIR. COOLING WATER MK-1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	18.2	****	22.2	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	****	64.8	****	71.9	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	18.9	68.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)1/14/202	
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No hypochlorite added this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2020 12/01/2020

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER MK-2 CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	12.9	****	24.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	****	55.2	****	75.3	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	36.6	183.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	****	*****		Continuous	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)1/14/202	
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Hypochlorite was not used this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2020 12/31/2020

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & SLAG SETTLING PON

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	5.7	*****	15.9	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	****	42.3	****	60.6	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	****	100	****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	75 MINIMUM	****	*****	%		Monthly	Grab
РН	SAMPLE MEASUREMENT	****	*****	*****	6.2	****	6.9	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.03 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	57.5	255.4	MGD	*****	****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Demilatemy Affelia	XEC Dir of Admin person or persons who manage the system, or those persons directly responsible for gathering	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/202
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) fell below 6.5 SU during several days in December. With both units shut down for most of the month, the lack of cooling water flow from the station may have aggravated in-situ monitoring by creating somewhat stagnant conditions at the outfall. Compliance was maintained with the permit however, as the effluent pH tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these pH

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2020 12/31/2020

DMR Mailing ZIP CODE: 03304 **MAJOR**

SLAG SETTLING POND INTERNAL OUTFALL

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	3.8	****	6.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	5.7	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 MO AVG	13 DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)1/14/202	
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-AQ

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2020
 12/31/2020

DMR Mailing ZIP CODE:

03304

MAJOR

QUARTERLY COPPER MONITORING INTERN

External Outfall

No Discharge

). FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.0022	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	HONE	DATE
and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/202
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer

Γ	NH0001465	ſ	003-B
	PERMIT NUMBER		DISCHARGE NUMBER
		-	
	MONITO	<u> </u>	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	12/01/2020	1	12/31/2020

DMR Mailing ZIP CODE:

03304

MAJOR

METAL CLEANING INTERNAL OUTFALL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	****	NODI C	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEP	DATE	
and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)1/14/202
TYPED OR PRINTED	and mation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-T PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2020 10/01/2020

DMR Mailing ZIP CODE: 03304

MAJOR

TOXICITY MONITORING OUTFALL 003

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	74	mg/L		Quarterly	Composite
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	15	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	****	*****	****	0	mg/L		Quarterly	Composite
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	mg/L		Quarterly	Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L		Quarterly	Composite
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	*****	****	0	mg/L		Quarterly	Composite
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Quarterly	Composite
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

Elizabeth Tillotson direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Elizabeth Tillotson/ Exec Dir of Admin person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (603)634-2440)1/14/202 and Regulatory Affairs accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See attached report for specific MDLs. Noael Statre 7Day Chronic Tests: GSP does not believe that chronic tests are required by the permit and has instead entered results reported for "A-NOEC."

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-T DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2020 12/31/2020

DMR Mailing ZIP CODE:

03304

MAJOR

TOXICITY MONITORING OUTFALL 003

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.089	mg/L		Quarterly	Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Ammonia [as N] + unionized ammonia	SAMPLE MEASUREMENT	****	****	****	*****	****	.1	mg/L		Quarterly	Composite
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total dissolved	SAMPLE MEASUREMENT	****	****	*****	*****	****	41	mg/L		Quarterly	Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	****	****	****	> 100	****	****	%		Quarterly	Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AV MN	****	****	%		Quarterly	Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	****	****	****	> 100	****	****	%		Quarterly	Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AV MN	****	*****	%		Quarterly	Composite
Noael Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	100	****	****	%		Quarterly	Composite
TDA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AV MN	****	*****	%		Quarterly	Composite
Noael Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	****	****	*****	100	****	****	%		Quarterly	Composite
TDM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	****	****	%		Quarterly	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEP	HONE	DATE
and Regulatory Affairs	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)1/14/202	
TYPED OR PRINTED	anomiation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See attached report for specific MDLs. Noael Statre 7Day Chronic Tests: GSP does not believe that chronic tests are required by the permit and has instead entered results reported for "A-NOEC."

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 003-TA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2020 12/31/2020

DMR Mailing ZIP CODE: 03304

MAJOR

AMBIENT TOXICTY MONITORING OUTFALL

External Outfall

No Discharge

	QUANTITY OR LOADING			Q		NO.		SAMPLE		
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
SAMPLE MEASUREMENT	****	****	*****	****	****	13	deg C		Quarterly	Grab
PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Quarterly	Grab
SAMPLE MEASUREMENT	****	****	****	****	****	55.4	deg F		Quarterly	Grab
PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Quarterly	Grab
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.18	SU		Quarterly	Grab
PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	SU		Quarterly	Grab
SAMPLE MEASUREMENT	*****	*****	****	*****	****	12	mg/L		Quarterly	Grab
PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
SAMPLE MEASUREMENT	*****	*****	****	*****	****	0	mg/L		Quarterly	Grab
PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
SAMPLE MEASUREMENT	****	****	****	*****	****	.0011	mg/L		Quarterly	Grab
PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Quarterly	Grab
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
	PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT SAMPLE MEASUREMENT PERMIT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT ******	SAMPLE	SAMPLE MEASUREMENT MEASU	SAMPLE	SAMPLE MEASUREMENT	SAMPLE MEASUREMENT MEQUIREMENT MEASUREMENT MEQUIREMENT MEQUIREMENT MEQUIREMENT MEASUREMENT MEQUIREMENT MEQUIREMENT MEASUREMENT MEQUIREMENT MEQUI	SAMPLE MEASUREMENT	SAMPLE MEASUREMENT	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT REQ. Mon. DAILY MX SAMPLE MEASUREMENT REQ. Mon. DAILY MX SAMPLE MEASUREMENT REQ. Mon. DAILY MX SU Quarterly Quarterly Req. Mon. DAILY MX SU Quarterly Req. Mon. DAILY MX SAMPLE MEASUREMENT Req. Mon. DAILY MX SAMPLE MEASUREMENT Req. Mon. DAILY MX SAMPLE MEASUREMENT Req. Mon. DAILY MX Req. Mon. DAILY MX SAMPLE MEASUREMENT Req. Mon. DAILY MX Req. Mon. DAILY MX O Quarterly PERMIT REQUIREMENT REQ. Mon. DAILY MX Req. Mon. DAILY MX O Quarterly PERMIT REQUIREMENT REQ. Mon. DAILY MX Req. Mon. DAILY MX O Quarterly PERMIT REQUIREMENT REQ. Mon. DAILY MX O Quarterly Req. Mon. DAILY MX O Quarterly Req. Mon. DAILY MX O Quarterly Req. Mon. DAILY MX O Quarterly

TELEPHONE DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Elizabeth Tillotson Elizabeth Tillotson/ Exec Dir of Admin person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (603)634-2440)1/14/202 and Regulatory Affairs accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See attached report for specific MDLs.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2020

NH0001465

003-TA
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

12/31/2020

DMR Mailing ZIP CODE: 03304

MAJOR

AMBIENT TOXICTY MONITORING OUTFALL

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Quarterly	Grab
01067 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Quarterly	Grab
01092 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.14	mg/L		Quarterly	Grab
01105 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Ammonia [as N] + unionized ammonia	SAMPLE MEASUREMENT	****	****	*****	****	****	.11	mg/L		Quarterly	Grab
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
and Demulation Affaire	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634	4-2440)1/14/202
TYPED OR PRINTED	anto matton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

See attached report for specific MDLs.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/31/2021 01/01/2021

DMR Mailing ZIP CODE: 03304

MAJOR

CIR. COOLING WATER MK-1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	19.8	****	21.7	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	****	67.6	*****	71	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.2 INST MAX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.4	68.5	MGD	****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Enzabeth Finetsen, Vice Freshacht	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634	4-2440)2/11/202
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No hypochlorite added this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/31/2021 01/01/2021

DMR Mailing ZIP CODE: **MAJOR**

03304

CIR. COOLING WATER MK-2 CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	13.1	****	17.3	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	55.6	****	63.2	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	23.8	183.5	MGD	****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	****	*****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Linzabeth Filletson, Vice Freshacht	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)2/11/202
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No hypochlorite added this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/31/2021 01/01/2021

DMR Mailing ZIP CODE:

03304

MAJOR

CIRC. COOLING H20 & SLAG SETTLING PON

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	3.3	*****	15.9	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	42.3	****	60.6	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	100	****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MINIMUM	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	6.5	****	7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.03 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	34.2	257.6	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634	4-2440)2/11/202
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No hypochlorite added this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE: 03304

MAJOR

SLAG SETTLING POND INTERNAL OUTFALL

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	4.6	****	6.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	7	7	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1	5.5	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 MO AVG	13 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizaheth Lillotson	TELEPI	HONE	DATE
Enzabeth (motson) vice (resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)2/11/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No hypochlorite added this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

Г	NH0001465		003-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2021	1	01/31/2021

DMR Mailing ZIP CODE: 03304

MAJOR

METAL CLEANING INTERNAL OUTFALL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Flizaheth Lillotson	TELEP	HONE	DATE
	Enzabeth Finetsen, Vice Freshent	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)2/11/202
İ	TYPED OR PRINTED	anto mation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2021 02/01/2021

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER MK-1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	16	****	21.8	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	60.9	****	71.2	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	52.9	68.5	MGD	*****	*****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Enzabeth Finetsen, Vice Freshacht	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)3/12/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: No hypochlorite was used this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

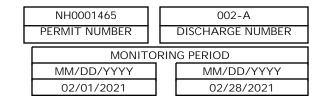
BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

BOW, NH 03304

ATTN: Allan Palmer



DMR Mailing ZIP CODE: 03304

MAJOR

CIR. COOLING WATER MK-2 CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	13.7	****	18.5	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	56.7	****	65.4	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	116.2	183.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Enzabeth Finetsen, Vice Freshacht	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)3/12/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: No hypochlorite added this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & SLAG SETTLING PON

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	9.2	*****	16.4	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	48.6	****	61.6	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	****	94	****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MINIMUM	****	*****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.7	****	7.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	.03 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	173.6	257.4	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Enzabeth finotsen/ vice frestdent	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)3/12/202
TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: No hypochlorite added this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2021 02/01/2021

DMR Mailing ZIP CODE: 03304

MAJOR

SLAG SETTLING POND INTERNAL OUTFALL

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	5.1	*****	5.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	0	0	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	6	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 MO AVG	13 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Flizaheth Lillotson	TELEP	HONE	DATE
Enzabeth (motson) vice (resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)3/12/202
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

DMR Mailing ZIP CODE:

03304

MAJOR

METAL CLEANING INTERNAL OUTFALL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	****	NODI C	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Enzabeth Finetsen, Vice Freshacht	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)3/12/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2021
 03/31/2021

DMR Mailing ZIP CODE:

03304

MAJOR

CIR. COOLING WATER MK-1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	12.8	****	20.3	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	55.1	*****	68.5	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	21.1	68.5	MGD	****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizaheth Lillotson	TELEPI	HONE	DATE
Enzabeth (metsen) vice i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)4/13/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 34044 Oxidants, total residual: No hypochlorite was used this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2021 03/31/2021

DMR Mailing ZIP CODE: 03304 **MAJOR**

CIR. COOLING WATER MK-2 CONDENSER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	13.7	****	24.7	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	56.6	****	76.4	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40.1	183.5	MGD	****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
Enzabeth Finetsen, Vice Freshent	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)4/13/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 34044 Oxidants, total residual: No hypochlorite was used this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2021 03/31/2021

DMR Mailing ZIP CODE: 03304

MAJOR

CIRC. COOLING H20 & SLAG SETTLING PON

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	6.6	*****	19.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	43.9	****	66.3	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	102	****	****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	75 MINIMUM	****	****	%		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.3	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.03 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	63.4	257.5	MGD	*****	****	****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Elizabeth Tillotson	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)4/13/202
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: No hypochlorite added this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2021 03/01/2021

DMR Mailing ZIP CODE: 03304 **MAJOR**

SLAG SETTLING POND INTERNAL OUTFALL

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	5.3	****	6.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	0	0	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	5.5	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 MO AVG	13 DAILY MX	MGD	****	*****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizaheth Lillotson	TELEPI	HONE	DATE
Enzabeth (metsen) vice i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)4/13/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

 NH0001465
 003-AQ

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 01/01/2021
 03/31/2021

DMR Mailing ZIP CODE:

03304

MAJOR

QUARTERLY COPPER MONITORING INTERN

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.0065	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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Enzabeth finetsen, vice i resident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)4/13/202
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

03/01/2021

03/31/2021

DMR Mailing ZIP CODE:

03304

MAJOR

METAL CLEANING INTERNAL OUTFALL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Flizaheth Lillotson	TELEP	HONE	DATE
Linzabeth Filletseri, Vice Fresident		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)4/13/202
TYPED OR PRINTED	antomation, including the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465 003-T PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2021 01/01/2021

DMR Mailing ZIP CODE:

03304

MAJOR

TOXICITY MONITORING OUTFALL 003

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	61	mg/L		Quarterly	Composite
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	12	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	****	*****	****	0	mg/L		Quarterly	Composite
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	****	*****	****	.0012	mg/L		Quarterly	Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	0	mg/L		Quarterly	Composite
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	*****	****	0	mg/L		Quarterly	Composite
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.0051	mg/L		Quarterly	Composite
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEP	HONE	DATE
Enzagotii i motsoiii vico i rosident	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63)4/13/202	
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See attached report for specific MDLs.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD BOW, NH 03304

ATTN: Allan Palmer

NH0001465	003-T	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021	

DMR Mailing ZIP CODE: 03304

MAJOR

TOXICITY MONITORING OUTFALL 003

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	.13	mg/L		Quarterly	Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Ammonia [as N] + unionized ammonia	SAMPLE MEASUREMENT	****	*****	*****	****	****	.16	mg/L		Quarterly	Composite
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total dissolved	SAMPLE MEASUREMENT	****	*****	*****	*****	****	73	mg/L		Quarterly	Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	****	*****	****	> 100	****	****	%		Quarterly	Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AV MN	****	*****	%		Quarterly	Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	****	*****	****	> 100	****	****	%		Quarterly	Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AV MN	****	*****	%		Quarterly	Composite
Noael Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	****	*****	*****	100	****	****	%		Quarterly	Composite
TDA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AV MN	*****	*****	%		Quarterly	Composite
Noael Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	****	****	*****	100	****	****	%		Quarterly	Composite
TDM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AV MN	****	*****	%		Quarterly	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Flizabeth Lillotson	TELEPI	HONE	DATE
Enzapotii imotson, vico i estaciit	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)63	4-2440)4/13/2021
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See attached report for specific MDLs.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

NH0001465 003-TA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2021 01/01/2021

DMR Mailing ZIP CODE: 03304

MAJOR

AMBIENT TOXICTY MONITORING OUTFALL

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	6	deg C		Quarterly	Grab
00010 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Quarterly	Grab
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	****	42.8	deg F		Quarterly	Grab
00011 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Quarterly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	*****	****	6.25	SU		Quarterly	Grab
00400 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Quarterly	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	16	mg/L		Quarterly	Grab
00900 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Quarterly	Grab
01027 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.023	mg/L		Quarterly	Grab
01042 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.0013	mg/L		Quarterly	Grab
01051 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Elizabeth Tillotson/ Vice President

TYPED OR PRINTED

NUMBER

TELEPHONE

(603)634-2440

AREA Code

Elizabeth Tillotson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)4/13/202

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: GRANITE SHORE POWER MERRIMACK LLC

ADDRESS: MERRIMACK STATION

BOW, NH 03304

FACILITY: GRANITE SHORE POWER MERRIMACK LLC

LOCATION: 431 RIVER ROAD

ATTN: Allan Palmer

BOW, NH 03304

 NH0001465
 003-TA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2021
 03/31/2021

DMR Mailing ZIP CODE:

03304

MAJOR

AMBIENT TOXICTY MONITORING OUTFALL

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Quarterly	Grab
01067 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	.11	mg/L		Quarterly	Grab
01105 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Ammonia [as N] + unionized ammonia	SAMPLE MEASUREMENT	****	****	****	*****	****	.17	mg/L		Quarterly	Grab
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Enzabeth (metsen) vice i resident		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)634-2440)4/13/202
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY